



## Parchment School District

Transportation Department  
Ph (269) 488-1290, FAX (269) 488-1270

### Request for Transportation of Students to School-Related Events

Is this request reimbursable?  Yes  No If yes, Indicate who is billed:

Date of trip:	Group:	Number of students:
Departure point:	Destination :	Number of chaperones:
Departure time:	Address of destination:	Equipment or other items going on board (Items may not block aisles or exits.)
Arrive at destination:		
Estimated time of return:	Directions provided by:	
Number of buses:	Wheel Chair Bus Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated round trip mileage:

List Students who have any special medical needs:

Student Name:	Condition:
1)	
2)	
3)	

A copy of the completed emergency medical forms must be provided by the trip planner and carried on *each* bus.

Purpose of trip:  Curriculum-related \_\_\_\_\_  
 Sport (regular game, tournament, scrimmage, etc?) \_\_\_\_\_  
 Club (activity, competition, etc?) \_\_\_\_\_

Will any staff members need a substitute to cover classes?  Yes  No Who & when? \_\_\_\_\_

What arrangements still need to be made? \_\_\_\_\_

Was cafeteria notified?  Yes  No  NA

Names of Staff Members and other chaperones.

These people will be responsible for maintaining discipline and order. They should be able to guide students in conforming to state safety regulations, such as rules that prohibit eating on a moving bus. Please include cell phone numbers of staff and chaperones if available.

Chaperone Name	Cell Phone Number
1)	
2)	
3)	

**NOTE: This form must be sent to the Director of Operations for approval. Transportation requests must be made at least 2 weeks in advance. A confirmation will be sent to the trip planner named here.**

Trip Planner: \_\_\_\_\_ Date of Request \_\_\_\_\_

School Principal or Athletic Director: \_\_\_\_\_ Date \_\_\_\_\_

Director of Operations: \_\_\_\_\_ Date \_\_\_\_\_

Original copy goes to transportation office; a copy will be returned to the trip planner on staff and to the bus driver(s).

#### For Drivers Use Only

Mileage: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Meal Ticket (attach signed receipt)

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  8 hours

12 hours